

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101661002

FILING DATE

3120100

CLAIMS

AS FILED AFTER
IND. DEP. 1st AMENDMENT 2nd AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			12			
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IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND. TOTAL DEP. TOTAL CLAIMS